

855649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

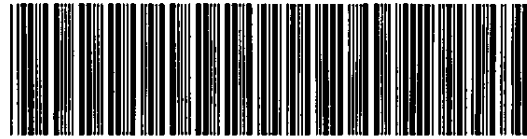
(Business Entity Name)

(Document Number)

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14 MAY 16 AM 10:17
STATE COURT
TALLAHASSEE, FLORIDA

NC

MAY 19 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Infinity Insurance Agency, Inc. fka Atlanta Casualty Group, Inc.
Name of Corporation

DOCUMENT NUMBER: 855649

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frances H. Hayes

Name of Contact Person

Infinity Insurance Company

Firm/Company

3700 Colonnade Parkway

Address

Birmingham, AL 35243

City/State and Zip Code

jimmy.jordan@ipacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frances H. Hayes

Name of Contact Person

at (205) 803-8732

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

FRANCES H HAYES
3700 COLONNADE PKWY STE 600
BIRMINGHAM, AL 35243

SUBJECT: ATLANTA CASUALTY GROUP, INC.
Ref. Number: 855649

We have received your document for ATLANTA CASUALTY GROUP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The document you have submitted is not sufficient for changing the name of a Foreign qualified corporation in the state of Florida.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 614A00008155

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

855649

(Document number of corporation (if known))

1. Atlanta Casualty Group, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Georgia 3. 02/28/1983
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 16, 2014

5. Infinity Insurance Agency, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Samuel J. Simon

(Typed or printed name of person signing)

Sr. Vice President & Secretary

(Title of person signing)

FILED
14 MAY 16 AM 10:10
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF NAME CHANGE

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

ATLANTA CASUALTY GROUP, INC.

Name Changed To

INFINITY INSURANCE AGENCY, INC.

is hereby issued a CERTIFICATE OF NAME CHANGE under the laws of the State of Georgia on January 16, 2014 by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on February 27, 2014



B. P. Kemp

Brian P. Kemp
Secretary of State